



General Assembly

February Session, 2000

Raised Bill No. 5783

LCO No. 1993

Referred to Committee on Judiciary

Introduced by:
(JUD)

An Act Implementing The Recommendations Of The Involuntary Outpatient Commitment Task Force.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (a) Not later than July 1, 2000, the Commissioner
2 of Mental Health and Addiction Services shall establish a pilot
3 engagement specialist program to provide intensive community
4 support and case management services for persons who require
5 individualized outreach services due to their persistent rejection of
6 traditional mental health services and their potential for violence. A
7 person shall be assigned an engagement specialist when it is
8 determined, based on objective documentation, that during the
9 preceding twelve-month period such person: (1) Was hospitalized for
10 psychiatric treatment for more than thirty days, and (2) had at least
11 one episode of violence toward other persons in which substantial
12 physical harm was inflicted.

13 (b) Not later than September 1, 2000, the commissioner shall hire at
14 least ten persons who are in recovery from psychiatric disabilities to
15 act as peer engagement specialists. The engagement specialists shall be
16 employees of the Department of Mental Health and Addiction

17 Services. The engagement specialists shall have at least three months of
18 initial training for their responsibilities as well as periodic updates. The
19 department shall assign two peer engagement specialists to each
20 mental health region. The program shall begin operations not later
21 than January 1, 2001. During the first year of operations the program
22 shall not serve more than thirty clients at any one time.

23 (c) The engagement specialists shall participate in the assessment of
24 individuals being considered for the program and shall initiate all
25 contact with program participants for the mental health system.
26 Specific duties of the engagement specialist shall include, but are not
27 limited to: Assisting in the creation of the person's recovery plan;
28 participating in or initiating conferences designed to establish
29 individualized strategies; providing consultation to the primary care
30 agencies; participating in all treatment meetings; providing outreach,
31 support, and follow-up to program participants; ensuring that a true
32 partnership exists among the identified participant, the engagement
33 specialist, and the assigned care manager; serving as peer and role
34 models; teaching life skills and interpersonal skills that will ultimately
35 help participants to build their own circles of support; assisting in the
36 development of individually meaningful and appropriate recovery
37 plans; assisting in developing natural support systems within their
38 respective communities; and assisting assigned care managers with the
39 ongoing processes of engagement and linkage.

40 (d) The engagement specialists shall receive training on advance
41 directives which allow participants to specify the types of mental
42 health interventions they would accept in the event of a crisis using the
43 same statutory provisions that apply to medical care for physical
44 illness. The engagement specialists shall be required to inform all
45 participants about the use of advance directives at the earliest
46 appropriate time and to negotiate with the participants and encourage
47 the use of advance directives. The department shall ensure that
48 technical assistance is made available to assist engagement specialists
49 with advance directives and that this resource shall be an independent

50 entity that is not a provider of mental health services.

51 (e) Not later than July 1, 2000, the commissioner shall appoint an
52 advisory committee of not more than fifteen persons, a majority of
53 whom shall be consumers of mental health services, to oversee the
54 development and implementation of the engagement specialist
55 program. The advisory committee shall receive periodic reports on the
56 program's status including information on participant outcomes which
57 protect individual confidentiality.

58 (f) Not later than January 1, 2002, and annually thereafter, the
59 commissioner shall issue a report to the Governor and the General
60 Assembly, which shall include findings and recommendations from
61 the department's review of the pilot engagement specialist program.
62 Such report shall include recommendations of the engagement
63 specialists and the advisory committee regarding gaps in necessary
64 and meaningful services.

65 Sec. 2. (NEW) (a) Not later than July 1, 2000, the Department of
66 Mental Health and Addiction Services shall develop outreach
67 materials on advance directives which shall include forms that an
68 individual can complete to execute an advance directive. Such
69 materials shall be developed in consultation with consumers,
70 providers, family members and legal advocates and shall include
71 information on the availability of legal advice regarding advance
72 directives.

73 (b) Not later than October 1, 2000, the Commissioner of Mental
74 Health and Addiction Services shall conduct state-wide training on the
75 use of advance directives. The training plan and training materials
76 shall be prepared in consultation with consumers, advocates and
77 attorneys who specialize in representing persons with psychiatric
78 disabilities. The training shall be designed to meet the needs of all
79 groups interested in advance directives including, but not limited to,
80 consumers, providers, family members, case managers, advocates and
81 engagement specialists.

82 (c) Not later than October 1, 2001, the Department of Mental Health
83 and Addiction Services shall submit a report to the General Assembly
84 regarding the advance directives outreach and training.

85 Sec. 3. (NEW) Not later than October 1, 2000, and quarterly
86 thereafter, the Commissioner of Mental Health and Addiction Services
87 shall report to the joint standing committees of the General Assembly
88 having cognizance of matters relating to public health and the
89 judiciary on the use of section 17a-521 of the general statutes to
90 monitor persons being discharged from a state psychiatric inpatient
91 facility to a community setting. The report shall include, but not be
92 limited to, information on the number of leaves authorized, the length
93 of the leaves and the outcome.

94 Sec. 4. This act shall take effect from its passage.

JUD Committee Vote: Yea 35 Nay 4 JF C/R APP